Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12/28/2010</u>	Address:	4000 N 450 W
Case #:	<u>52F-49409</u>		Bargersville, IN
County:	<u>Johnson</u>		
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
=	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence ☑ Outbuilding ☐ Vchicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): open air/burned			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: Outbuilding			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Outbuilding			
Corrosive Base: Outbuilding			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrir	re Information nc/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Depar	tment: Bargorsville Fire	Fax: <u>317-</u> 4	<u> 122-5</u> 18 <u>7</u>
Health Dep	partment; Joh <u>nson Co.</u>	Fax: <u>(317)</u>	<u>73</u> 6 <u>-5264</u>
Child Prot	ection Service:	Fax:	_
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tom Egler Phone 3 <u>17-234-4591</u>			

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.